



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

December 13, 2018

Ms. Claire Bishop, Manager
Maple Lane Retirement Home
33 Maple Lane
Barton, VT 05822-9494

Dear Ms. Bishop:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 20, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	803 PROVIDER/SUPPLIER/DUA IDENTIFICATION NUMBER 0140	✓ MULTIPLE CONSTRUCTION A. BUILDINGS B. WING	(X) DATE SURVEY COMPLETED 11/20/2018
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NAME OF PROVIDER OR SUPPLIER MAPLE LANE RETIREMENT HOME		STREET ADDRESS CITY STATE ZIP CODE 33 MAPLE LANE BARTON, VT 05822	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X) COMPLETE DATE
R100	Initial Comments:	R100	
	An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection on 11/20/18. The following regulatory deficiencies were identified.		
R164 V. RESIDENT CARE AND HOME SERVICES SS=E	5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated residents This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility did not assure that the current Registered Nurse (RN) delegated specific medications to designated staff for designated residents. Findings include: Based on record review and interview with the RN on 11/20/18 at approximately 11:00 AM, she has been providing medication delegation and oversight at the Residential Care Home since the former RN left employment in September. It was confirmed during this interview that the facility was not aware of the need for the new RN to re-delegate all staff who administer medications with a change of RN.	R164	R164 V. Resident Care and Home Services 1. The new RN responsible for delegation at the Residential Care Home has re-delegated medication administration for specific residents to specific staff members. 2. Residential care management and responsible RN have reviewed and now understand the requirement for re-delegation of all staff who administer medications with a change of RN. 3. A list of current residents and current staff members who have been given the responsibility (delegation) of medication administration will be kept by the responsible RN and a copy given to the Residential Manager. 4. Corrective action to be completed by 12/14/2018.

Division of Licensing and Protection

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE

STATE FORM

Kim Campbell

ZNWJ1V

TITLE

Administrator
12/10/2018
DATE
FACILITY SHEET 1 OF 4

R164 - R266 POC's accepted 12/10/18 JHsmr/PW

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X3) PROVIDER'S/JURISDICTION IDENTIFICATION NUMBER 0140	(X3) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 11/20/2018
NAME OF PROVIDER OR SUPPLIER MAPLE LANE RETIREMENT HOME		STREET ADDRESS CITY STATE ZIP CODE 33 MAPLE LANE BARTON, VT 05822	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN FOR CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
R167	Continued From page 1	R167	
R167	V. RESIDENT CARE AND HOME SERVICES SS=D	R167	R167 Resident Care and Home Services
	5.10 Medication Management		
	5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:		
	(5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which describes the specific behaviors the medication is intended to correct or address, specifies the circumstances that indicate the use of the medication, educates the staff about what desired effects or undesired side effects the staff must monitor for, and documents the time of, reason for and specific results of the medication use.		
	This REQUIREMENT is not met as evidenced by Based on record review and staff interview, the facility failed to assure that for 1 of 3 residents sampled (Resident #1) that the delegated unlicensed staff documented the specific results of the as needed psychoactive medication use. Findings include		
	During record review on 11/20/18, the Medication Administration Record (MAR) for Resident #1 indicated that he/she had been administered a psychoactive medication (alprazolam, 0.5 milligrams) nearly daily in the morning during November 2018. The physician's order was for a scheduled dose in the evening, and for up to one additional dose every eight hours as needed for anxiety. While the staff had documented the date		
			(X5) COMPLETE DATE

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X) PROVIDER/SUPPLIER/CLLA IDENTIFICATION NUMBER 0140	(X) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X) DATE SURVEY COMPLETED 11/20/2018
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NAME OF PROVIDER OR SUPPLIER MAPLE LANE RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 33 MAPLE LANE BARTON, VT 05822		
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(X) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X) COMPLETE DATE
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R167 Continued From page 2 R:67

time, and reason for the as needed doses given they had not in every case documented the result or effect of the medication, as required. On 11/20/18 at approximately 1:30 PM, the Registered Nurse confirmed that the documentation by staff for the as needed doses of alprazolam did not include the results or effects of the medication.

R266 IX. PHYSICAL PLANT
SS=D

9.1 Environment

9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.

This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, the facility failed to maintain a safe environment for residents in one bathroom and one common area of the home. Findings include:

During the initial tour of the home with manager on the morning of 11/20/18, the surveyor observed an uneven transition of flooring in the main dining room and living room area which could pose a potential hazard to residents with unsteady gait. Also in the common living room at the base of the one wall was a cluster of exposed pipes and wires which might pose a trip hazard.

In one resident shared bathroom on the first floor the floor along the base of the bathtub had an area of failed vinyl flooring and exposed, frayed underflooring. In this same bathroom there was a

R266

R266 IX. Physical Plant

1. The exposed pipes and wires identified in the common living area have been secured.
2. The faucet identified in the common bathroom has been replaced with a new one.
3. The identified areas of flooring in the shared bathroom and the uneven transition of flooring identified in the main dining room and living room will be replaced by an outside contractor and the work has been scheduled for December 26, 2018.
4. The residential care manager and a member of the maintenance team will complete environmental rounds monthly to identify any potential safety hazards and repairs made as needed.
5. Corrective action will be completed with the scheduled work on December 26, 2018.

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 0140	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 11/20/2018
NAME OF PROVIDER OR SUPPLIER MAPLE LANE RETIREMENT HOME		STREET ADDRESS CITY STATE ZIP CODE 33 MAPLE LANE BARTON, VT 05822		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R266	Continued From page 3	R266	faucet at the sink which had split and left sharp metal edges which might pose a skin hazard during handwashing or other faucet use. The manager of the home confirmed these observations.	